



# TAAF Select Youth Basketball

## Registration Form

REGISTRATION FEE - \$400/ team



Each player on TAAF Select teams must present a birth certificate as proof of age. Please refer to TAAF Basketball rules to ensure compliance with all rules and regulations for Regional or State tournaments. A copy of the rules is provided with this registration form. As coach, it is your responsibility to ensure that your team complies with TAAF rules and regulations if your team chooses to enter in TAAF Regional or State tournaments.

|                     |               |            |                 |           |   |                  |                   |  |
|---------------------|---------------|------------|-----------------|-----------|---|------------------|-------------------|--|
| <b>Team:</b>        |               |            |                 |           | <b>Division:</b><br><b>12U   10U   8U</b> |                  | <b>Team Color</b> |  |
| <b>Coach:</b>       |               |            |                 |           | <b>Phone:</b>                             |                  |                   |  |
| <b>Asst. Coach:</b> |               |            |                 |           | <b>Phone:</b>                             |                  |                   |  |
|                     | <b>Player</b> | <b>Age</b> | <b>Shirt SZ</b> | <b>BC</b> | <b>Parents Name</b>                       | <b>Contact #</b> | <b>Email</b>      |  |
| 1                   |               |            |                 |           |   |                  |                   |  |
| 2                   |               |            |                 |           |   |                  |                   |  |
| 3                   |               |            |                 |           |   |                  |                   |  |
| 4                   |               |            |                 |           |   |                  |                   |  |
| 5                   |               |            |                 |           |   |                  |                   |  |
| 6                   |               |            |                 |           |   |                  |                   |  |
| 7                   |               |            |                 |           |   |                  |                   |  |
| 8                   |               |            |                 |           |   |                  |                   |  |
| 9                   |               |            |                 |           |   |                  |                   |  |
| 10                  |               |            |                 |           |   |                  |                   |  |

### OFFICE USE ONLY

Emp Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Account Number: 111-0000-347.15-00

Payment: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: # \_\_\_\_\_ Credit: \_\_\_\_\_

CC AUTH #: \_\_\_\_\_





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Phone: (979) 297-4533  
Fax: (979) 297-0021

### CITY OF LAKE JACKSON YOUTH COACHES APPLICATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Have you ever coached any sport before? YES NO

If Yes, when and where? \_\_\_\_\_

Please list three personal references:

| Name  | Address | Phone # |
|-------|---------|---------|
| _____ | _____   | _____   |
| _____ | _____   | _____   |
| _____ | _____   | _____   |

Why do you want to coach? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your idea of sportsmanship. \_\_\_\_\_

\_\_\_\_\_

I understand that falsification of any part of this application disqualifies me as a coach; I also understand that the Lake Jackson Parks and Recreation must approve all applications. I understand and will adhere to all rules and regulations as set forth by the City of Lake Jackson Parks and Recreation Department. I the undersigned, hereby agree to display appropriate behavior and abide by all the rules and regulations while participating in the City of Lake Jackson Parks and Recreation Department programs and activities. I understand that failure to do so may result in consequences leading up to and including dismissal from said program or facility usage. I also certify to the best of my knowledge, I am physically fit and able to engage in the said program or activity. I agree to indemnify and hold the City of Lake Jackson and its employees, instructors and volunteers harmless from liability, loss, cost, or expenses (including attorney fees, medical, and ambulance cost) that may incur while participating in Parks and Recreation activities. In case of an emergency, I give permission for medical treatment. I also give permission for the City of Lake Jackson to photograph me for use in future publicity without compensation. These statements are also valid for any minors that I allow to participate. This form shall be considered valid until cancelled or changed in writing by the undersigned participants/parent/guardian. My signature acknowledges and agrees to the above conditions.

Applicant Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

## DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with Texas Amateur Athletic Federation (T.A.A.F), I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect Youth Sports, Inc., (“Protect Youth Sports”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. The report may also contain information about me relating to my criminal history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. Client also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Client. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-877-319-5587. For information about Protect Youth Sports’ privacy practices, see [www.protectyouthsports.com](http://www.protectyouthsports.com).

### **Acknowledgement and Authorization**

By signing below, I authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of the federal notice entitled *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary document explaining my rights under the Fair Credit Reporting Act.

\_\_\_\_\_  
Signature

TODAY’S DATE\_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME/INITIAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SSN \_\_\_\_\_ D/L or STATE ID \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

\_\_\_\_\_  
EMAIL ADDRESS

For identification purposes only, please provide FULL DOB: \_\_\_\_\_

Please List Other Names Used \_\_\_\_\_



## Lake Jackson Parks & Recreation Youth Basketball Rules & Regulations

### **LEAGUE REQUIREMENTS**

#### **Boys & Girls Age Divisions - U6, U8, U10, U12**

Players will be placed in leagues by age. Age is determined by participant's age as of September 1, of the current year. Participants will be required to provide a copy of a birth certificate as proof of age.

Only players registered with Lake Jackson Parks and Recreation and listed on the final roster are allowed to participate in our league. Any team caught using another player not on the roster will forfeit that game and coach will be subject to disciplinary action.

### **Uniforms**

1. A portion of the registration fee will be used to supply the team shirts. Players will be given matching shirts with a permanent four (4) inch number on the front and a six (6) inch number on the back. League basketball numbers only are permitted – 0 or 00, 1, 2, 3, 4, 5, 10, 11, 12, 13, 14, 15, 20, 21, 22, 23, 24, 25, 30, 31, 32, 33, 34, 35, 40, 41, 42, 43, 44, 45, 50, 51, 52, 53, 54, 55. Players or coaches may not choose their numbers. Players who do not have the proper uniform will not be allowed to participate.
2. Coaches and Assistant Coaches will be given one shirt each and are asked to wear to each game.
3. Absolutely no jewelry may be worn during games. This includes post earrings.

### **Player Participation**

Each participant is required to play two quarters of each game. We recommend coaches using a substitution rotation line up. The only exception to this rule is for disciplinary reasons. NOTE: Any team found having players not play the required time will forfeit the game. Coaches must make sure subs are properly entered into the game.

### **Selecting Teams**

The Lake Jackson Parks and Recreation uses a random draft style to select teams. Requests for specific coaches, teams, team members, or jersey colors will not be taken into consideration. Every player has an equal chance to be placed on any given team. If you sign up to coach and are selected as a coach, your child will be on your team by default. If you wish to coach, but do not want your child on your team, a special request may be made to the Recreation Coordinator. Please note that rosters changes will not be made after rosters have been published to the coaches except in very select circumstances and at the sole discretion of the Recreation Coordinator. Coaches in all divisions may select **one** Assistant Coach for their team. By default, the Assistant Coach's child will also be on that team, if applicable.

### **PLAYING RULES**

#### **Game Length**

1. All games will have a running clock. All age divisions will play four 8-minute quarters.
2. The clock stops only for time outs (two per half), free throws (free throws will be shot by U8 – U12 age division), and the last 2 minutes of each half unless a 15 pt. lead.
3. The game officials may use their own discretion to stop the game clock at other times.
4. **Point Spread Rule:** If one team is ahead by fifteen (15) or more points:
  - a. The clock will remain a running clock except for time outs.
  - b. The leading team may not press
5. **Overtime:** If the score is tied at the end of regulation play:
  - a. U6 games will remain tied.
  - b. All other divisions two (2) minute overtime period will be played until the game has been decided. The clock will stop with each whistle by the officials.
  - c. Each team will be given one (1) time out.
  - d. After two (2) minute overtime period, if the score is tied at the end of the second overtime period, Sudden death rules will apply. First made basket wins the basketball game.

#### **Ball Size**

U6 age division – Youth Ball: 27.5”;

U8-U10 age divisions - Women's ball: 28.5”;

U12 age division – girls use Women's ball 28.5" and boys use Regulation size ball: 29.5"

### **Basket Specifications**

| <b>Age Group</b> | <b>Division</b> | <b>Height</b> |
|------------------|-----------------|---------------|
| 12 & Under       | Boys & Girls    | 10'           |
| 10 & Under       | Boys & Girls    | 10'           |
| 8 & Under        | Boys & Girls    | 8 ' 6"        |
| 6 & Under        | Boys & Girls    | 8 ' 6"        |

### **Lane Violations**

U12 age divisions – three (3) seconds

All other age divisions – five (5) seconds

### **Alternating Possession**

Jump ball takes place only at the beginning of the game; the team which did not control the opening jump ball will be awarded possession at the first tie ball situation. Possession will be awarded alternately for subsequent tie ball situations for the duration of the first half.

### **Fouls**

Official rules for fouls apply to all divisions with the exception of:

1. U6 division - 2 points will be awarded to teams when fouled while shooting in the paint
2. Five fouls during game and the offending player is removed from the game
3. If a flagrant foul is called on a player, that player will be removed from the game.
4. Players are disqualified after his second Technical foul and removed from the game.
5. A player may be disqualified at the discretion of the officials on his first incidence of a Flagrant Foul or unsportsmanlike conduct, depending on the severity of the incidence.

### **Defense**

1. 12U may play full court defense at any time.
2. 10U may play full court defense only during the last two minutes of each half and during overtime. Any type of half court defense is allowed, provided the offense is allowed to bring the ball across the mid-court line.
3. 8U may play full court defense only during the final minute of each half and during overtime. Any type of half court defense is allowed, provided the offense is allowed to bring the ball across the mid-court line.
4. 6U may not play full court defense at any time.

**VIOLATION:** The first offense of illegal full court press will be a warning; the second offense will be a technical foul. If the point spread is 15 points or more teams may not full court press.

### **PAYMENTS & REFUNDS**

Payment is due at the time of registration. If a program is cancelled, the participant is entitled to a full refund. Once you have completed the league registration, it is considered final. Prorated refunds may be considered if requested in writing before the league registration deadline. No refunds will be given for any sports leagues once schedules have been made.

**EXCEPTION:** If a participant is unable to participate because of medical circumstances, and the participant provides the appropriate verification from a physician, a refund may be available. In such instances, due to the cost of supplies, staffing, and prepayment of activities, refunds or transfers will be pro-rated.

